



CANNON BUILDING
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STATE OF DELAWARE

BOARD OF MANUFACTURED HOME INSTALLATION

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APPLICATION FOR MANUFACTURED HOME INSPECTOR CERTIFICATE

INSTRUCTIONS

Certification Course

To qualify for a certificate, you must successfully complete a 15-hour Board-approved certification course. See [Manufactured Home Installation Online Training](#).

Requirements for All Applications

- ☐ Submit completed, signed and notarized *Application for Manufactured Home Inspector Certificate*.
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Arrange for the Board office to receive verification that you have successfully passed the [certification course](#), sent *directly* to the Board office from the course provider.
- ☐ If your name is different on any submitted documents, provide a copy of a legal document showing your name change.
- ☐ Submit a current, written statement, signed by your supervisor, verifying that you are a full-time, part-time or casual/seasonal employee of an authorized inspection company.
- ☐ If you have ever held a license or certificate as a Manufactured Home Installer or Inspector in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive letters of good standing from all jurisdictions where you have ever been licensed, sent *directly* from each jurisdiction to the Board office.
- ☐ If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last First Middle

2. Other Names Used: _____
(Include maiden, prior married, alternate spellings)

If your name is different on any submitted documents, provide a copy of a legal document showing your name change.

3. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

5. Mailing Address: _____

City State Zip

6. Phone: _____ Email: _____ ☐ None
Home Work or Cell

CERTIFICATION COURSE

7. Enter the following information about the certification course you attended:

Name: _____ Date Completed: _____

Arrange for verification of course completion to be sent *directly* from the course provider to the Board office.

LICENSURE/CERTIFICATION HISTORY

8. Have you ever held a license or certificate as a Manufactured Home Installer or Inspector in another jurisdiction (state, U.S. territory or District of Columbia)? Yes ☐ No ☐ If yes, enter the following about each license or certificate:

| JURISDICTION | TYPE OF LICENSE (e.g., Installer, Inspector) | LICENSE NUMBER | IS THIS LICENSE CURRENT? |
|--------------|---|----------------|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Arrange for the Board office to receive letters of good standing from each jurisdiction listed above, sent *directly* from each jurisdiction to the Board office.

EMPLOYMENT INFORMATION

9. Enter the following information about your employer:

Inspection Company Name: _____

Supervisor Name: _____

Address: _____

Street

City

State

Zip

Submit a current, written statement, signed by your supervisor, verifying that you are a full-time, part-time or casual/seasonal employee of an authorized inspection company.

DISCLOSURES

10. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense in which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a detailed explanation. Also, submit a certified copy of your criminal history record from each jurisdiction where you have been convicted or pardoned. If you have a Delaware criminal history, see [State Bureau of Identification](#) for information on obtaining the record.**

11. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**

12. Have you ever had your professional license or certificate disciplined (including but not limited to consent agreements, fine, probation, suspension or revocation?) Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation.**

13. Has any jurisdiction rejected your application or revoked your professional license or certificate? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation.**

14. Are any complaints or disciplinary actions pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all records.**

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. Please note: When your application is complete, please allow 4-6 weeks to receive your permit.

AFFIDAVIT

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed this application and signs this affidavit, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory report of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

I agree to be responsible for all acts or omissions of any individual acting under my supervision while inspecting manufactured housing.

APPLICANT SIGNATURE: _____ Date: _____

State of _____ County or City of _____

Sworn and subscribed to before me this _____ day of _____, 2_____

Notary Public: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.